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PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Proposed Special Assistance to Myanmar

1. The United Nations Population Fund (UNFPA) proposes to support a special programme of humanitarian assistance to Myanmar over the period 2002-2005 in the amount of $12 million from regular resources and would seek to supplement that sum with an additional $4 million through co-financing modalities. The overall objective of the proposed special programme of assistance is to serve the urgent needs of the poorest and most vulnerable segments of the population in terms of preventing HIV/AIDS and other sexually transmitted infections (STIs) and of reducing high levels of maternal mortality through support for reproductive health information and services and the provision of reproductive health commodities, including condoms and other contraceptives. The proposed special programme of assistance would also support the collection and analysis of data to better understand the reproductive health and HIV/AIDS situation in the country and to provide the basis for monitoring and evaluating programme results.

2. UNFPA's assistance would be based on United Nations principles of neutrality and universality and would follow a human rights approach, in which every individual has the right to reproductive health information and services. UNFPA would maximize collaboration with international and local non-governmental organizations (NGOs) as well as with local communities. However, because of the limited options available, the proposed special programme of assistance would also use the lower echelons of the public-sector health infrastructure for the cost-effective delivery of reproductive health information and services. To

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ensure coherence and consistency, the proposed programme would be implemented in close partnership with other United Nations agencies working in the country, especially UNDP and UNICEF, and would be undertaken in line with the UNAIDS Joint Plan of Action for Myanmar.

3. The proposed special programme of assistance was developed using a logical framework matrix. It draws on recommendations from a UNFPA-supported reproductive health needs assessment carried out in May 1998 as well as an external evaluation that was conducted in October 1999 with the involvement of international consultants on reproductive health. All activities under the proposed special programme of assistance, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

4. Basic profile. According to available data sources, the population of Myanmar is estimated at approximately 50 million, with 75 per cent living in rural areas. There are about 13 million women of reproductive age and 10.5 million youth. The per capita gross domestic product (GDP) was estimated at $258 in 1997/1998. Spending on social sector programmes is very low, and external assistance amounts to just over $1 per capita a year. In the face of widespread poverty, communities and families bear a heavy burden in terms of the cost of social services. Given that almost one quarter of households have incomes below the minimum subsistence level and that 70 per cent of household expenditures are on food, it is very difficult for many families to afford even basic health services. In such circumstances, women and children often suffer the most. This is especially true in remote rural areas, where poverty is most prevalent and where services are most deficient.

5. Reproductive health. The maternal mortality ratio in Myanmar is one of the highest in the region. According to official estimates, the ratio is 230 maternal deaths per 100,000 live births while WHO and UNICEF estimate the ratio at 580 deaths per 100,000 live births. According to the UNFPA-supported fertility and reproductive health survey (FRHS) of 1997, the total fertility rate stands at 2.8, with possible geographical and other variations. The contraceptive prevalence rate (CPR) for modern methods among married women of reproductive age is only 29 per cent. The unmet need for contraception is estimated at 20 per cent among married women and would be substantially higher if unmarried women were also included in the calculation. Among the most devastating consequences of the lack of availability of contraception are the high levels of abortion, which is not legal in Myanmar, and the number of deaths resulting from unsafe abortions. It is estimated that one in three pregnancies ends in abortion. Such an estimate would indicate that approximately 750,000 abortions are carried out each year, or about 2,000 abortions per day. It is estimated that the consequences of unsafe abortion account for around 50 per cent of maternal deaths.

6. HIV/AIDS. HIV/AIDS is a national and regional humanitarian crisis in which poverty-stricken women and young people are the most vulnerable. HIV/AIDS is both a cause and a consequence of poverty. In high-risk groups in Myanmar, HIV infection affects 54 per cent of injecting drug users (among the highest in the world), 37 per cent of female sex workers, and about 8 per cent of persons with STIs. Official estimates show that there have been about 26,000 cases of HIV since 1988. However, UNAIDS/WHO surveillance estimates that 530,000 persons may be infected, with nearly a third being women. That would indicate that the HIV-prevalence rate in Myanmar is close to those of neighbouring countries with very high infection rates.

7. More startlingly, UNAIDS estimates that HIV prevalence among pregnant women is currently about 2 per cent. Such a prevalence rate is well above the 1 per cent benchmark that indicates a generalized epidemic in which HIV infection has spread from high-risk groups to the general population. Prevalence rates are higher in those parts of the country with greatest contact with neighbouring countries, namely, Yangon and the country's eastern border townships, which indicates that cross-border transmission of HIV is a reality and is likely to increase. The HIV/AIDS situation in Myanmar therefore has important regional considerations. Pregnant women have a high prevalence rate of up to 13 per cent in the areas of highest HIV/AIDS impact. The high infection rate among pregnant women and the lack of anti-retroviral drugs imply a rapidly increasing rate of mother-to-child HIV transmission.

8. Considerably increased resources are needed to ensure an adequate supply of quality condoms, which is the first-line defence against the spread of HIV infection. Also, there is a need to promote behavioural change through education and information so that people will use the condoms that are supplied. Without such information and education, taking into account the needs and perspectives of users and potential users, condom availability alone would not have the impact needed to prevent the spread of the epidemic.

9. Adolescent reproductive health. Approximately 8 per cent of maternal deaths are attributed to women less than 20 years of age. UNAIDS estimates that 2 per cent of Myanmar's youth are HIV positive. Unmarried adolescents and youth are especially vulnerable to unwanted pregnancies and sexually transmitted infections (STIs), including HIV, since reproductive health, including birth spacing, services have traditionally targeted only married women of reproductive age. Adolescents and youth can be even more vulnerable if they are out of school, since they do not benefit from in-school programmes such as the School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE) programme supported by UNICEF. The secondary education enrolment ratio is only about 25 per cent, and around 90 per cent of out-of-school youth are unemployed. As a result, it is vitally important to ensure that reproductive health, including birth spacing, services and information are made more accessible to adolescents and youth.

10. Reproductive health data. Very few sources of reliable data exist in the country, which severely limits comprehensive understanding of the country's reproductive health situation.

Nationally representative data on reproductive health and HIV/AIDS are scarce, especially data disaggregated by sex to address gender concerns at national and subnational levels and for specific target groups such as youth, minorities and remote rural populations. The 1997 FRHS and a cross-border migration and reproductive health study in 1999/2000, both of which were funded by UNFPA, are two of the very few nationally representative sources of quality reproductive health statistics. Thus, there is a critical need for reproductive health data in order to: assess the country's reproductive health and HIV/AIDS situations; identify important reproductive health needs, especially among vulnerable groups; and formulate critical reproductive health, HIV/AIDS and gender strategies and to serve as baseline data to measure the success of those strategies.

Previous UNFPA assistance

11. UNFPA has provided small-scale and limited assistance to reproductive health activities in Myanmar on a yearly basis since 1973. The main areas for support have been: training in reproductive health service provision, including birth spacing; information, education and communication (IEC) activities; support for the collection of clinical data; and procurement of contraceptives and of drugs to treat STIs. Though limited, UNFPA's assistance has helped to provide services at the grass-roots level to people in different parts of the country, including to different ethnic groups. In particular, UNFPA has expanded its support for birth spacing services from 20 townships in 1992 to a total of 72 out of 324 townships in 11 out of 17 states/divisions in 2000, thus reaching approximately 30 per cent of the country's population. The UNFPA-supported townships have been selected based on such criteria as lack of accessibility to reproductive health services and information, high maternal mortality ratios, and geographic distribution, among others.

12. A particularly important UNFPA contribution has been the provision of contraceptives and of drugs to treat STIs. In the UNFPA-supported townships, four modern methods of contraception are now available, namely, oral pills, injectables, IUDs (intra-uterine devices) and condoms. The inclusion of IUDs to improve the method mix and the training of township medical officers, lady health visitors and midwives have made the use of IUDs more accessible and affordable although they still account for only a very small part of contraceptive usage. However, contraceptive supplies have not been sufficient to meet all the needs within the 72 townships. Consequently, large numbers of clients still do not have access to contraceptives. HIV/AIDS prevention activities have been central to UNFPA's efforts to enhance women's access to reproductive health and birth spacing services. Such activities have included providing condoms and promoting their use and training basic health staff, including auxiliary midwives, traditional birth attendants, community health workers and volunteers on the syndromic approach to STIs, including HIV/AIDS.

13. UNFPA has supported reproductive health-related studies, including the national FRHS in 1997 to collect and analyse data on the reproductive health and HIV/AIDS situations. UNFPA also provided assistance to carry out a cross-border migration and reproductive health study in 1999 and 2000 in three townships bordering Thailand and China. The study investigated factors linking cross-border migration with transmission of STIs, including HIV. Approximately 400 female sex workers were among the groups interviewed. Results of the studies provide the basis for future service delivery efforts designed to prevent HIV/AIDS. The studies highlighted the need to advocate more strongly for reproductive rights and for a strategy to promote reproductive health. They also showed the need for greater IEC efforts to increase male responsibility in HIV/AIDS prevention through greater condom usage among high-risk groups.

14. The Fund's support for reproductive health activities, particularly to support birth spacing and for the procurement of reproductive health commodities, and its efforts to improve data on the reproductive health and HIV/AIDS situations have, as mentioned above, had some positive effects, especially in the townships where activities have been focused. However, in view of the increasing impact of the HIV/AIDS pandemic and the continuing deficiency of reproductive health information and services, reflected in the high numbers of maternal deaths, the ad hoc, piecemeal approach of year-to-year projects has proven not to be effective and is inadequate to meet the increasing needs. For that reason, UNFPA has developed this special programme of assistance in order to address the particular challenges faced by Myanmar in a more coordinated and comprehensive manner over a period of four years.

Other external assistance

15. The World Bank, the Asian Development Bank and most bilateral donors are absent from Myanmar. Thus, assistance for reproductive health activities by United Nations agencies and international NGOs has assumed greater significance. However, the available donor resources are not sufficient to meet the needs of the most disadvantaged groups of the population in the country, and coordination among donors is crucial in order to achieve greatest impact.

16. Donor assistance for reproductive health, including birth spacing, activities began in Myanmar in 1991 when an international NGO, Family Planning International Assistance, introduced a birth spacing programme. By 1995 it was supporting activities in seven townships. Several international NGOs currently work in Myanmar in the area of reproductive health, including birth spacing and HIV/AIDS, conducting mainly small-scale, localized projects on awareness creation, outreach activities, development and distribution of IEC materials, research, and provision of birth spacing information and services.

17. United Nations agencies have been involved in reproductive health, including birth spacing, activities since 1992, when UNFPA began a birth spacing project in 20 townships. In 1995, UNDP, through its Human Development Initiative (HDI), began providing substantial

resources to improve the quality and outreach of primary health care, including birth spacing services, through community participation in 36 townships. Since 1999, resource constraints have reduced the coverage of UNDP assistance to 11 townships. To address the high abortion rate, birth spacing was promoted among high-risk mothers under UNICEF's women's health project in 210 townships during the period 1996-2000, in which lady health visitors and midwives were trained on birth spacing methods and counselling. UNICEF's new country programme for 2001-2005 focuses its assistance in certain geographic areas and seeks to expand the coverage incrementally. WHO has assisted health staff to enhance their programme development, technical skills and community involvement in reproductive health activities. Support by United Nations agencies has been provided in such a coordinated manner that there are very few overlaps in terms of geographic coverage.

18. In recent years, United Nations agencies and international NGOs present in the country have been increasingly concerned about the extent of the HIV/AIDS epidemic. UNAIDS is increasingly active, mobilizing resources and advocating support for a range of activities such as promotion of condom use, prevention of STIs, life skills education, and care for people living with HIV/AIDS. In addition, UNDP supports numerous initiatives within its HIV/AIDS project, which is currently the largest in Myanmar. UNICEF provides assistance to many interventions, including the National AIDS Programme, in connection with the prevention of mother-to-child transmission, initially in two border townships. WHO, which currently chairs UNAIDS in Myanmar, provides support to health-related aspects of the disease, including the training of health professionals in HIV and STI epidemiology, and has participated in the groundbreaking Thailand-Myanmar discussions on cross-border concerns about HIV/AIDS, malaria and tuberculosis. Population Services International is implementing a social marketing programme for condoms in 228 townships, 65 of which are also UNFPA-supported townships.

Proposed special assistance

19. The proposed special programme of assistance is designed to serve the most vulnerable segments of the population through the provision of humanitarian assistance to those most in need. The strategic focus of this assistance will be on reducing the high rates of maternal mortality and preventing the spread of HIV/AIDS through improved reproductive health information and services, including for birth spacing and through the provision of reproductive health commodities. The proposed special programme of assistance will also support the collection and analysis of reproductive health data in order to understand the current reproductive health and HIV/AIDS situations and to monitor and evaluate the effectiveness of UNFPA support.

20. The goal of the proposed programme of assistance would be to contribute to meeting the reproductive health needs and improving the quality of life of vulnerable and under-served populations in Myanmar. To achieve this goal, the main purpose would be to contribute to an

increased utilization of integrated, quality and gender-sensitive reproductive health services by women, men and young people, as well as to achieving behavioural changes in favour of healthy reproductive and sexual practices through appropriate reproductive health and HIV/AIDS information and counselling.

21. Reproductive health. To meet Myanmar's critical reproductive health challenges, the expected output of UNFPA's proposed programme of assistance is to have increased availability of quality, gender-sensitive and age-specific reproductive health, including birth spacing, services for women and men of reproductive age. One of the major inputs to achieve this would be support for integrating a package of quality, gender-sensitive reproductive health information and counselling services into primary health care services in selected townships. The quality of reproductive health and birth spacing services would be ensured through the development of standard of care manuals and by continuous training of such grass-roots service providers as township medical officers, auxiliary midwives, traditional birth attendants, lady health visitors, community health workers and volunteers, whose current knowledge of reproductive health issues is low. This would include training in the areas of planning, managing, implementing and evaluating the effectiveness of reproductive health services, especially for the disadvantaged and under-served, as well as in the development of interpersonal skills to provide client-oriented services and information. Prior to training, a needs assessment would be carried out to understand the levels of reproductive health knowledge of service providers. Male health assistants would be included in such training in order to promote male involvement in reproductive health activities.

22. UNFPA would provide support to develop IEC interventions, the target audiences for which would be expanded beyond married women of reproductive age to reach unmarried women, men and youth. The interventions would be designed to improve awareness and knowledge of healthy reproductive and sexual behaviour, especially on issues such as birth spacing methods, the importance of maternal health care and safe delivery, risks associated with unsafe abortion, male involvement in reproductive health, and prevention of STIs, including HIV. For adolescents and youth in particular, UNFPA would support the provision of reproductive health and HIV/AIDS prevention information and services by helping to establish youth-friendly health centres and networks and by helping to develop a peer education and counselling programme, complementing the SHAPE initiative supported by UNICEF. Training curricula would be produced based on a life skills educational approach in order to enhance the accessibility to reproductive health information and counselling by adolescents and youth.

23. Based on available financial and human resources, reproductive health, including birth spacing, activities would be undertaken to strengthen coverage in the 72 townships currently being assisted by UNFPA. Expansion of reproductive health, including birth spacing, services would be carried out on a geographical basis, with such services being progressively expanded beyond the 72 townships to ensure contraceptive access for as many people as possible. The

townships would be selected using such pre-agreed criteria as, among others, high maternal mortality, the extent of unmet need for contraception, and geographic distribution. Implementation will be in a phased and progressive manner, the rate of which would be determined by continual monitoring and review. In order to ensure equity and promote coordination among United Nations agencies, UNFPA-supported townships would coincide with only two of the 19 townships supported by UNICEF in 2001 and would not overlap with those being supported by UNDP.

24. HIV/AIDS. In responding to Myanmar's HIV/AIDS crisis, UNFPA would increase the availability of condoms and of drugs to treat STIs. Condoms would also be distributed through a social marketing programme in collaboration with international NGOs. In addition, there would be an emphasis on cross-border areas, particularly targeting such vulnerable groups as female sex workers, adolescents and youth, especially girls. Moreover, UNFPA would support initiatives to prevent HIV/AIDS by raising awareness of the epidemic through IEC campaigns and by promoting behavioural change. UNFPA's support to HIV/AIDS activities would be guided and coordinated through the UNAIDS Joint Plan of Action for 2001-2002. It would also complement the efforts on stemming mother-to-child transmission that are being supported by UNICEF and other agencies.

25. Reproductive health commodity security. There is a substantial need to increase the availability of and widen the range of contraceptives in support of birth spacing to improve the health of mothers and to reduce the high rate of maternal deaths. According to the 1997 FRHS, the most popular contraceptive methods among current users are injectables (11.7 per cent), pills (7.4 per cent) and female sterilization (5.5 per cent), while intra-uterine devices (IUDs) account for only 1 per cent of contraceptive usage. Since reproductive health, including birth spacing, services in the public sector have targeted only married women of reproductive age, unmarried women, youth and men have not been adequately reached. Male participation in contraception is extremely low: condoms account for only 0.1 per cent of contraceptive methods being used.

26. Through its annual projects, UNFPA has provided limited assistance for the provision of contraceptives and of drugs to treat STIs. It should be noted that contraceptive services are currently very limited in the public sector outside the UNFPA-supported 72 townships. Access to contraceptives through the private sector is also very limited due to their high cost. The lack of availability of reproductive health commodities contributes to the increasing prevalence of HIV and results in unwanted pregnancies and recourse to unsafe abortion, a major factor in the high maternal mortality ratio. Under the proposed programme of assistance, UNFPA would ensure increased availability of contraceptives, including condoms, oral pills, injectables and IUDs, which would be distributed largely through public-sector health and social marketing channels at community levels for maximum outreach, especially to vulnerable groups.

27. Reproductive health data. UNFPA would support collection, analysis and dissemination of nationally representative reproductive health and HIV/AIDS data. Specifically, support would be provided to undertake data collection exercises in 2001/2002 to enable comparisons with the results of the FRHS of 1997. Survey coverage would be expanded to include single women and men aged 15-59 in order to provide information on issues such as adolescent reproductive health, gender, and male involvement in reproductive health. Additional information would be collected on the level of knowledge of STIs and HIV/AIDS among both women and men, including on their awareness of how to prevent transmission. Information would also be gathered on the interrelationships between cross-border migration and reproductive health, HIV/AIDS and gender concerns, including commercial sex work and trafficking.

Programme execution and implementation

28. Execution of projects would be carried out primarily by United Nations agencies, international NGOs and UNFPA. UNFPA's execution would focus on the provision of technical assistance and the procurement of contraceptives and medical supplies.

29. UNFPA would maximize its collaboration with international and national NGOs, the private sector and community organizations, which would be entrusted with implementation of the proposed special programme of assistance. In order to reach the maximum number of rural communities, it will also be necessary to use certain parts of the public health infrastructure, namely service delivery points at the community level, such as hospitals, clinics, rural health centres and sub-centres. IEC activities would be implemented through lower levels of the public sector infrastructure in collaboration with those local NGOs that have an outreach network that reaches to the grass-roots level. The UNFPA Country Technical Services Team (CST) in Bangkok, along with national and international consultants, would also provide technical assistance in programme implementation.

Programme coordination

30. UNFPA would continue to coordinate its activities in partnership with international NGOs and with the other United Nations agencies, especially UNDP and UNICEF, working in the country. UNFPA would work closely with the members of the United Nations system that are co-sponsors of the UNAIDS Joint Plan of Action (2001-2002), ensuring that all activities complement and supplement each other. Currently, UNFPA is the co-chair with Population Services International of the UNAIDS subcommittee on targeted condom use and reproductive health. Coordination among executing and implementing agencies for the proposed programme would be carried out primarily through sectoral task forces.

Programme monitoring and evaluation

31. Programme monitoring and evaluation would be undertaken in accordance with UNFPA guidelines and procedures. Annual project audits would be conducted on the management of financial resources to ensure appropriate use of funds.

32. The qualitative and quantitative indicators described in the logical framework would serve as the basis for monitoring and evaluating the programme of assistance and its component project activities. Output indicators would include, among others: the percentage of service delivery points in UNFPA-supported townships providing quality, age-specific reproductive health services and counselling; the percentage of service providers at service delivery points trained in quality interpersonal communication skills; and percentages of clients knowledgeable about basic information on birth spacing, maternal health care, STIs including HIV, and unsafe abortion. The indicators would be verified through service statistics, clinical records, exit interviews, field monitoring visits and data collected and analysed through the proposed special programme of assistance. There will also be a joint midterm review in late 2003 with such partners as UNICEF and UNDP, with full participation of UNAIDS staff, to ensure harmonization of respective activities. Annual reviews and an end-of-programme review in 2005 are envisaged.

33. The UNFPA country office is currently composed of a non-resident Country Director and a National Programme Assistant based in Bangkok and an Assistant Representative and General Service staff in Yangon. Without a UNFPA-appointed Representative resident in Yangon, the UNDP Resident Representative operates as the UNFPA Representative. In order to strengthen the country office to effectively manage the proposed programme of assistance, a full-time Chief of Operations resident in the country would be recruited as well as additional national programme and support staff. In addition, National Professional Project Personnel and United Nations Volunteers would be utilized to support the implementation and monitoring of the proposed programme of assistance.

Recommendation

34. The Executive Director recommends that the Executive Board approve the special programme of humanitarian assistance to Myanmar, as presented above, in the amount of $16 million for the period 2002-2005. Of the total amount, $12 million would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $4 million would be sought through co-financing modalities. As is standard practice, the sum of $400,000 of the total amount from regular resources would be allocated for programme coordination.

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